

Yet another Experiment in Medical Education

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ABSTRACT

The problem of scarcity of doctors for providing services to the nation is a matter of great concern. Recently T.O.I. 21-04-2019 documented that Government desired a bridge course for dental surgeon to practice the family medicine to overcome the shortage of serving doctors for the society. Recently we have also noticed a great change in MCI and the new establishment wants a great change in curriculum and syllabus and another system of learning process have been introduced in medical education. Medical colleges have been directed to switch over the new system of learning curriculum in UG. I do not know what motive conquered their concept of mind to reach at this new course model? How do they feel to bring a drastic change in medical education system, knowing that nothing has changed in civic perception of medical benefit at mass. T.O.I. 09-06-2019 published an article "How Medical education became a business, one policy change at a time, more to lift fee cap one more step towards commercialization, say activists." This requires further sensitization of the medical field. It is a morbid attempt.

Keywords: Medical Education, MCI.

INTRODUCTION

Knowledge cannot be achieved by flyover technique. It is a difficult process and an easy method as we think may not be helpful in delivering the humanitarian medical care to the needy person. Any newer experiments in planning of the medical education without having a sufficient feedback of the problems, which did not allow earlier to progress, would not be desired at the ground level. This will erode the basic principles of the fabrics of the learning process in medical education.

Robotic approach in planning the medical education without consideration of human involvement will be detrimental. The health and medical care is for the human people, and awareness of all for the disease problems is essential in laying down the script of the road map. Health is an issue to be dealt right from its primary conception. Treatment and elimination of the disease is a continuous process in the environment, where we are living, for the benefit of mankind. There are other factors, however, people's participation and sympathetic approach are more needed. Therefore, good human being with honest

hand could be more needed especially for human resource for removing the stress of the sufferings of people.

The Niti Ayog had proposed a bridge course for AYUSH (Ayurvedic, Homeopathic, Siddha and Unani). Due to country wide protest by IMA forced the Government to drop the idea. T.O.I. on 05-06-2019 edited a news to give nurses, dentist lateral entry in to MBBS. The draft Policy was contributed by Dr. Devi Shetty, who stressed that the lateral entry would not mean exemption from entrance examination. Corporate mind and thinking may not bring amicable solution in present situation of the health of the country.

Frequent change in curriculum & syllabus in medical education will not bring any remarkable changes in the planning of the increase production of new medical graduate to overcome the shortage of doctors for the society services. It requires extensive study, practice and adherence to the principle of Mankind services rendering to the needy person.^[1]

We often fall victim of western World policies, because, there conditions are different and they want to dictate, how to do manpower planning in India. Medical practices were well performed in the ancient India with the history of more than 5000 years. History also tells that CME & update were also in practice in service of society.

All the diseases which are seen today along with microbes were already there in the past as we notice today. However, people survived and laid down the continuity of existence of human being

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on earth. Moreover, nobody is going to be immortal. The aging process keeps on enhancing the morphology in years to come in human being at different periods of life.

The similar curriculum & syllabus was also tried by west to implement in BHU in early seventy by enthusiastic people, but this was not honored in the beginning.

The Indus Valley Civilization has yielded evidence, that the medical science was practiced as far back 7000BC. According to charak, a Physician who fails to enter the body of a patient without lamp of knowledge and understanding can never treat & diseases. VAGBHATA, a disciple of charak, believed that the body would heal itself most of the time 85% present of the time, in fact according to him, only 15% of the disease of that time could be cured by doctors. In all the other cases self-care was the answer. The forty clay tablets of Ancient Mesopotamians Long before the Christ was born, described symptoms of about 3000 different diseases and their outcome. Tablet was believed to have been inscribed around 16000 B.C demonstrate keen ability to observe, and every illness known to the world at that time.^[3]

Charak says anyone who has not obtained the knowledge of the parts of body, cannot practice the art of Medicine. This clearly indicates that adequate time is to be given in the foundation subjects of the medical services to built a good progress to move towards the aim of maturity and sustainability of the knowledge. How long people will ask Google for the answer in medical education for the treatment and cure of the patient.^[2]

The present of officials of the MCI also studied the art of Medicine on the conventional principal of people desire and perception of the disease in community at large. Result of any planning, comes after long time. Do not corporatise the medical education. It will not yield any positive result. Decision taken in haste will cause more problems while assimilating the results of the planning for the benefit of mankind.

These are some steps for improvements. Improve the Qualities of intake of the students in Medical education. The admission process must be simple and not allow students to move in coaching atmosphere.

Examination standard must be defined and Questions may be asked in same domain. Dedicated teachers should take the responsibility of the teaching of medical students. Maturity comes with the experiences. In clinical classes clinical methods must be followed to avoid the dependency on the modern appliances of diagnosis and computed applications of course, all have been made by human brain not to overrule but an support and supplementation of knowledge. Medical science is a biological science, depends upon the massive function of structure & body

under its DNA frame work. Patient & illness based teaching could give excessive knowledge. This will improve the teaching & Quality of students and to engaged teachers. Misconception of the phenomenon of life style disease and burnout problems could be rectified by research activities. Even today most of the dreadful diseases are not amicable to treatment at large and need extensive continued research irrespective of various hypothesis, be continued. Internship period should be utilized for massive training instead of a time for preparation of P.G examination & avoid undesirable extra coaching & wastage of money and unfruitful achievement.

Medical education must be attractive for dedicated students and teachers & should be away from money & muscle power for the services of mankind. Politics should remain away from Medical education. Let the medical man decide their destiny & working process in respect of poor & suffering & needy person. We have long history & Ancient medical science to go at right path of Medical education.^[4]

CONCLUSION

We should not interfere in the system of Medical education at the ground level. Foundation must be secured. Some changes could be made without deranging the fabrics of the foundation. However, we should not accept miracle in the outcome. As yet we did not come with positive answer in some of the disease & its process. Aging process and genetically controlled regulations did not permit to open the gate of much success. Life cannot be compared with in vivo and in vitro situations and things cannot be extrapolated without adequate consideration in life sciences.

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